

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | |
|--|---|----|
| PLAINTIFF Donta Jenkins | COURT CASE NUMBER 18-cv-412-bbc | |
| DEFENDANT Sharron | TYPE OF PROCESS CIVIL, summons and complaint | |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| SERVE | Sharron | |
| AT | ADDRESS (<i>Street or RFD, Apartment No., City, State and ZIP Code</i>) | |
| Eau Claire County Jail, 710 Second Ave., Eau Claire, WI 54703 | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 | 1 |
| Donta Jenkins, 506847 Waupun Correctional Institution P.O. Box 351 Waupun, WI 53963-0351 | Number of parties to be served in this case | 5 |
| | Check for service on U.S.A. | No |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

 Fold

Mental health counselor at the Eau Claire County Jail.
Jail phone no. (715) 839-4702

Signature of Attorney other Originator requesting service on behalf of:
James B. Hall, Deputy Clerk

| | | |
|---|----------------------------------|-----------------|
| <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 608-261-5724 | DATE 12/6/18 |
|---|----------------------------------|-----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

| | | | | |
|---------------|-------------------------------------|------------------------------------|---|------------------------|
| Total Process | District of Origin No. <u>90</u> | District to Serve No. <u>90</u> | Signature of Authorized USMS Deputy or Clerk <u>Diana L Forsberg</u> | Date <u>12-7-18</u> |
|---------------|-------------------------------------|------------------------------------|---|------------------------|

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only if different than shown above)

| | |
|----------|--|
| Date | Time |
| 12/19/18 | (130) <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |

Signature of U.S. Marshal or Deputy

| Service Fee | Total Mileage Charges including endeavors) | Forwarding Fee . | Total Charges | Advance Deposits | Amount Owed to U.S. Marshal* or (Amount of Refund*) |
|-------------|---|------------------|---------------|------------------|--|
| 390.00 | \$196.20 | \$ | \$ 586.20 | | \$0.00 |

REMARKS:

1 deputy, 6 hours RT, 360 miles RT

PRINT 5 COPIES: 1. CLERK OF THE COURT

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,

if any amount is owed. Please reinit pro

PRIOR EDITIONS MAY BE USED